

# State of Ohio Food Inspection Report

Authority: Chapters 3717 and 3715 Ohio Revised Code

Name of facility YIHI JAPAN		CO0057997		Check one <input checked="" type="checkbox"/> FSO <input type="checkbox"/> RFE	License Number PR0023809	Date 05/08/2019
Address 1500 POLARIS PKWY				City/ZIP Code COLUMBUS, OH 43240		
License holder YJ POLARIS INC				Inspection Time 45	Travel Time 25	Category/Descriptive COMMERCIAL RISK LEVEL 4 < 25,000 SQ. F
Type of Inspection (check all that apply) <input type="checkbox"/> Standard <input type="checkbox"/> Critical Control Point (FSO) <input type="checkbox"/> Process Review (RFE) <input type="checkbox"/> Variance Review <input type="checkbox"/> Follow up <input type="checkbox"/> Foodborne <input type="checkbox"/> 30 Day <input checked="" type="checkbox"/> Complaint <input type="checkbox"/> Pre-licensing <input type="checkbox"/> Consultation					Follow up date (if required) Water sample date/result (if required)	

  

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS																																																																																																									
Mark designated compliance status (IN, OUT, N/O, N/A) for each numbered item: IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable																																																																																																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th colspan="2" style="background-color: #d3d3d3;">Compliance Status</th></tr> <tr><th colspan="2" style="background-color: #d3d3d3;">Supervision</th></tr> <tr> <td style="width: 5%; text-align: center;">1</td> <td><input type="checkbox"/> IN   <input type="checkbox"/> OUT   <input type="checkbox"/> N/A   Person in charge present, demonstrates knowledge, and performs duties</td> </tr> <tr> <td style="text-align: center;">2</td> <td><input type="checkbox"/> IN   <input type="checkbox"/> OUT   <input type="checkbox"/> N/A   Certified Food Protection Manager</td> </tr> <tr><th colspan="2" style="background-color: #d3d3d3;">Employee Health</th></tr> <tr> <td style="text-align: center;">3</td> <td><input type="checkbox"/> IN   <input type="checkbox"/> OUT   <input type="checkbox"/> N/A   Management, food employees and conditional employee; knowledge, responsibilities and reporting</td> </tr> <tr> <td style="text-align: center;">4</td> <td><input type="checkbox"/> IN   <input type="checkbox"/> OUT   <input type="checkbox"/> N/A   Proper use of restriction and exclusion</td> </tr> <tr> <td style="text-align: center;">5</td> <td><input type="checkbox"/> IN   <input type="checkbox"/> OUT   <input type="checkbox"/> N/A   Procedures for responding to vomiting and diarrheal events</td> </tr> <tr><th colspan="2" style="background-color: #d3d3d3;">Good Hygienic Practices</th></tr> <tr> <td style="text-align: center;">6</td> <td><input type="checkbox"/> IN   <input type="checkbox"/> OUT   <input type="checkbox"/> N/O   Proper eating, tasting, drinking, or tobacco use</td> </tr> <tr> <td style="text-align: center;">7</td> <td><input type="checkbox"/> IN   <input type="checkbox"/> OUT   <input type="checkbox"/> N/O   No discharge from eyes, nose, and mouth</td> </tr> <tr><th colspan="2" style="background-color: #d3d3d3;">Preventing Contamination by Hands</th></tr> <tr> <td style="text-align: center;">8</td> <td><input type="checkbox"/> IN   <input type="checkbox"/> OUT   <input type="checkbox"/> N/O   Hands clean and properly washed</td> </tr> <tr> <td style="text-align: center;">9</td> <td><input type="checkbox"/> IN   <input type="checkbox"/> OUT   <input type="checkbox"/> N/A   <input type="checkbox"/> N/O   No bare hand contact with ready-to-eat foods or approved alternate method properly followed</td> </tr> <tr> <td style="text-align: center;">10</td> <td><input type="checkbox"/> IN   <input type="checkbox"/> OUT   <input type="checkbox"/> N/A   Adequate handwashing facilities supplied &amp; accessible</td> </tr> <tr><th colspan="2" style="background-color: #d3d3d3;">Approved Source</th></tr> <tr> <td style="text-align: center;">11</td> <td><input type="checkbox"/> IN   <input type="checkbox"/> OUT   Food obtained from approved source</td> </tr> <tr> <td style="text-align: center;">12</td> <td><input type="checkbox"/> IN   <input type="checkbox"/> OUT   <input type="checkbox"/> N/A   <input type="checkbox"/> N/O   Food received at proper temperature</td> </tr> <tr> <td style="text-align: center;">13</td> <td><input type="checkbox"/> IN   <input type="checkbox"/> OUT   Food in good condition, safe, and unadulterated</td> </tr> <tr> <td style="text-align: center;">14</td> <td><input type="checkbox"/> IN   <input type="checkbox"/> OUT   <input type="checkbox"/> N/A   <input type="checkbox"/> N/O   Required records available: shellstock tags, parasite destruction</td> </tr> <tr><th colspan="2" style="background-color: #d3d3d3;">Protection from Contamination</th></tr> <tr> <td style="text-align: center;">15</td> <td><input type="checkbox"/> IN   <input type="checkbox"/> OUT   <input type="checkbox"/> N/A   <input type="checkbox"/> N/O   Food separated and protected</td> </tr> <tr> <td style="text-align: center;">16</td> <td><input type="checkbox"/> IN   <input type="checkbox"/> OUT   <input type="checkbox"/> N/A   <input type="checkbox"/> N/O   Food-contact surfaces: cleaned and sanitized</td> </tr> <tr> <td style="text-align: center;">17</td> <td><input type="checkbox"/> IN   <input type="checkbox"/> OUT   Proper disposition of returned, previously served, reconditioned, and unsafe food</td> </tr> <tr><th colspan="2" style="background-color: #d3d3d3;">Time/Temperature Controlled for Safety Food (TCS food)</th></tr> <tr> <td style="text-align: center;">18</td> <td><input type="checkbox"/> IN   <input type="checkbox"/> OUT   <input type="checkbox"/> N/A   <input type="checkbox"/> N/O   Proper cooking time and temperatures</td> </tr> <tr> <td style="text-align: center;">19</td> <td><input type="checkbox"/> IN   <input type="checkbox"/> OUT   <input type="checkbox"/> N/A   <input type="checkbox"/> N/O   Proper reheating procedures for hot holding</td> </tr> <tr> <td style="text-align: center;">20</td> <td><input type="checkbox"/> IN   <input type="checkbox"/> OUT   <input type="checkbox"/> N/A   <input type="checkbox"/> N/O   Proper cooling time and temperatures</td> </tr> <tr> <td style="text-align: center;">21</td> <td><input type="checkbox"/> IN   <input type="checkbox"/> OUT   <input type="checkbox"/> N/A   <input type="checkbox"/> N/O   Proper hot holding temperatures</td> </tr> <tr> <td style="text-align: center;">22</td> <td><input type="checkbox"/> IN   <input type="checkbox"/> OUT   <input type="checkbox"/> N/A   Proper cold holding temperatures</td> </tr> </table>	Compliance Status		Supervision		1	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A   Person in charge present, demonstrates knowledge, and performs duties	2	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A   Certified Food Protection Manager	Employee Health		3	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A   Management, food employees and conditional employee; 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**GOOD RETAIL PRACTICES**

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.  
 Mark designated compliance status (IN, OUT, N/O, N/A) for each numbered item: **IN**=in compliance **OUT**=not in compliance **N/O**=not observed **N/A**=not applicable

Safe Food and Water		Utensils, Equipment and Vending				
38	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Pasteurized eggs used where required	54	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Food and nonfood-contact surfaces cleanable, properly designed, constructed and used	
39	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Water and ice from approved source	55	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Warewashing facilities: installed, maintained, used; test strips	
Food Temperature Control		Physical Facilities				
40	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper cooling methods used; adequate equipment for temperature control	56	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Nonfood-contact surfaces clean	
41	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Plant food properly cooked for hot holding	57	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Hot and cold water available; adequate pressure	
42	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Approved thawing methods used	58	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Plumbing installed; proper backflow devices	
43	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Thermometers provided and accurate	59	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Sewage and waste water properly disposed	
Food Identification		60	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Toilet facilities: properly constructed, supplied, cleaned		
44	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Food properly labeled; original container	61	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Garbage/refuse properly disposed; facilities maintained	
Prevention of Food Contamination		62	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Physical facilities installed, maintained, and clean		
45	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Insects, rodents, and animals not present/outer openings protected	63	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Adequate ventilation and lighting; designated areas used	
46	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Contamination prevented during food preparation, storage & display	64	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Existing Equipment and Facilities	
47	<input type="checkbox"/> IN <input type="checkbox"/> OUT	Personal cleanliness	<b>Administrative</b>			
48	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Wiping cloths: properly used and stored	65	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	901:3-4 OAC	
49	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Washing fruits and vegetables	66	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	3701-21 OAC	
Proper Use of Utensils						
50	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O					In-use utensils: properly stored
51	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A					Utensils, equipment and linens: properly stored, dried, handled
52	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A					Single-use/single-service articles: properly stored, used
53	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Slash-resistant and cloth glove use				

**Observations and Corrective Actions**

Mark "X" in appropriate box for COS and R: **COS**=corrected on-site during inspection **R**=repeat violation

Item No.	Code Section	Priority Level	Comment	COS	R
				<input type="checkbox"/>	<input type="checkbox"/>

Complaint received on 5/8, which referenced a facebook post from 5/7 where a customer took a video of an apparent rodent found in an order of chicken teriyaki and noodles from Yihi Japan.

Person in Charge (PIC): John

Discussed complaint with PIC, who stated that employees at facility had noted there were disgruntled customers about a week prior who had requested their money back.

Process for making teriyaki chicken was discussed: chicken is purchased from Gordon Food Service (boneless skinless chicken, whole leg meat jumbo), frozen, and thawed in refrigerator. Leg meat is sliced on deli slicer set to one inch thickness, then cut into bite sized pieces, seasoned and then stored in walk-in cooler. Chicken is transferred to cooler under grill as needed, grilled in bulk, and then re-grilled for individual orders. PIC noted that a rodent could not have made it through all these processes without being detected. Noodles are cooked in boiling water, cooled, held cold in walk-in cooler or under counter cooler at grill, and reheated for individual service on flat-top grill.

No evidence of rodent infestation observed at the time of inspection.

No violations related to complaint observed at the time of inspection; complaint closed.

<b>Person in Charge</b>		5/8/2019 2:13:45PM	<b>Date:</b> 05/08/2019
<b>Sanitarian</b> E. RAUSCH		<b>Licensors:</b> Columbus Public Health publichealth.columbus.gov	

PRIORITY LEVEL: C = CRITICAL NC = NONCRITICAL